



TOWN OF MONSON
110 MAIN STREET SUITE 106
MONSON, MA 01057

REQUEST FOR CERTIFIED LIST OF ABUTTERS
(*Note - requests may require up to 10 business days*)

PLEASE TYPE OR PRINT LEGIBLY

SUBJECT PROPERTY

Location / Address _____

Parcel ID# _____ Additional Information: _____
(MAP-BLOCK) (Deed / Plan Reference)

APPLICANT

Name: _____ Date: _____

Address: _____

Contact: _____
(Phone #) (Email address)

REASON FOR THIS REQUEST (check one)

_____ Planning Board (300' / MGL 40A S11)

_____ Conservation Commission (100' / 310 CMR 10)

_____ Zoning Board – Applicant to verify and provide _____,

_____ Other: Specify _____

***FEES: \$2 per abutting parcel. Payments by check prior to pick-up or mailing.**

Payment requested: _____

Payment received: _____ Check #: _____

Other: _____